

IDAHO SUPPORTS ORAL HEALTH WORKFORCE ACTIVITIES SUBGRANT SOLICITATION 2020

Overview and Purpose

The Idaho Oral Health Program (IOHP) is accepting applications for subgrants to develop and implement innovative projects to address oral health needs of designated Dental Health Professional Shortage Areas (HPSAs). Funding has been provided by the Health Resources and Services Administration (HRSA) to encourage, support, and sustain state innovation that will increase accessibility and quality of oral healthcare services for populations living in Dental HPSAs. The IOHP works with partners, including Patterson Dental Supply, the Idaho State Dental Association, the Idaho Dental Hygienists' Association, Division of Medicaid, Dr. Paul Glassman, Dr. Peter Milgrom, Elevate Oral Care, and others. Please see the end of this document for a map of [Idaho Dental HPSAs](#).

The **priorities** of this funding opportunity are to:

- Develop projects in Dental HPSAs with a specific focus on teledentistry and/or the use of minimally invasive dentistry techniques, including the use of Silver Diamine Fluoride (SDF).
 - Option 1: Teledentistry Projects
 - Option 2: SDF Projects
 - Option 3: Teledentistry Projects including the use of SDF
- Expand the delivery of oral healthcare services into various settings within Dental HPSAs, where the most vulnerable populations are historically not reached.

Funding (ranging from \$15,000 to \$75,000 depending on the entity's needs) will be provided for up to three (3) entities to carry out the above-listed priorities. Entities able to apply for the subgrant include Community Health Centers (CHCs)/Federally Qualified Health Centers (FQHCs), dental and medical professionals, public health districts, health systems, dental education programs, and sliding-fee or free dental clinics.

Teledentistry

According to the American Dental Association, "Teledentistry provides the means for a patient to receive services when the patient is in one physical location, and the dentist or other oral health or general health care practitioner overseeing the delivery of those services is in another location." It involves the use of information technology and telecommunications to deliver dental care, consultation, education, and public awareness. Teledentistry allows individuals to receive immediate access to a dentist, saving time and money, while providing information about the importance of oral health.

Teledentistry has been vastly adopted during the COVID-19 pandemic. One significant benefit of teledentistry utilization during the pandemic has been the prevention of unnecessary exposure to members of the dental team while determining the necessity of an in-office visit. Teledentistry has allowed the dental team to maintain patient relationships and continuity of care during a time of stay-at-home orders, or when patients do not feel comfortable coming into the dental office. Teledentistry has proven to be a complementary component of traditional dental care.

The following are some of the modalities in which teledentistry can be delivered according to the American Dental Association:

- Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audio-visual telecommunications technology.
- Store-and-forward (asynchronous): Transmission of recorded health information (for example, radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.
- Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.
- Mobile health (mHealth): Healthcare, public health practice, and education are supported by mobile communication devices such as cell phones, tablet computers, and personal digital assistants (PDA).

Examples of Teledentistry Applications:

1. Electronic sharing of digital patient care records for the purpose of consultation between healthcare professionals. For example, the dental patient may need a referral to a dental specialist such as an oral surgeon for the evaluation of oral pathology. This application is especially helpful in rural areas where there are a shortage of specialists and a backlog of patients needing appointments.
2. Many hospitals and urgent care centers have begun to install cloud-based teledental services. This helps Emergency Departments (EDs) and urgent care facilities gain access to a specialist who can treat oral care problems at a fraction of the cost incurred in the emergency room.
3. The Virtual Dental Home (VDH), developed in California, uses telehealth technology to link dental hygienists and expanded function dental assistants in the community with dentists in dental offices and clinics, facilitating access to the full dental team and comprehensive dental care. Community-based allied dental personnel (dental hygienists and expanded function dental assistants) collect dental records and provide preventive care for patients in community settings, such as schools, Head Start sites, low-income community centers, and nursing homes. The community-based clinical team transfers the dental records through a secure web-based cloud storage system to a dentist at a clinic or dental office who establishes a diagnosis and creates a dental treatment plan. Patients who require a dentist to provide complex treatment are referred and receive assistance in scheduling a dental appointment.
4. In New York, a program that has been operating for several years uses transmitted videos to determine the need for general anesthesia in children from migrant farmworker families and real-time videoconferencing to perform preoperative visits for families of children scheduled for dental care under general anesthesia. These

interventions save the families a long drive for what can turn out to be a short preoperative consultation.

5. Dental providers can utilize teledentistry to screen patients remotely, offer consult and triage needs, deter those with severe dental conditions from seeking care in EDs, and save limited personal protective equipment (PPE) and limit in-person interactions.
6. A current subgrantee of the IOHP has developed an innovative way to provide services via teledentistry to patients during COVID-19. The subgrantee has trained and is utilizing Certified Nursing Assistant (CNA) staff to assist virtually with exams, apply SDF, and provide guided oral hygiene for facility residents.

Silver Diamine Fluoride (SDF)

SDF is an inexpensive topical medicine that is used extensively in other countries to treat cavities across the age spectrum. No other intervention approaches the ease of application and efficiency. Until now, no option for the treatment of dental cavities in the U.S. besides restorative dentistry has proven to be effective. The Food and Drug Administration (FDA) gave SDF a "Breakthrough therapy designation" in 2017. In October 2018, it was officially recognized by the American Dental Association as a method for arresting certain instances of tooth decay. Guidelines have also been developed by the American Academy of Pediatric Dentistry. According to the Association of State and Territorial Dental Directors, "SDF is indicated in treating caries in people who are unable to access dental treatment or tolerate conventional dental care, including very young "pre-cooperative" children, persons with intellectual/developmental disabilities, or older adults." In December 2019, USA Today stated the use of SDF for treating cavities as one of the best health innovations over the last decade.

Background

The IOHP was established July 1, 1951, at the direction of the Idaho State Dental Association and the Idaho Board of Health to address the issue of poor oral health in children and lack of dental care. Thanks to multiple sources of funding, the program has expanded its reach and continues to work with various oral health champions across the state to improve the oral health of Idahoans. The vision of the IOHP is an Idaho where all are free from oral disease and have access to optimal oral healthcare. The program works with partners to improve the oral health of Idahoans by planning, implementing, and evaluating programs that prevent oral disease.

States are charged with monitoring the health of their citizens and promoting proven, cost-effective ways to prevent disease. State oral health programs are critical to the success of state and national oral health improvement efforts. In Idaho, the state oral health program is housed in the Idaho Department of Health and Welfare, Division of Public Health, Bureau of Community and Environmental Health. The IOHP serves as the primary source of oral health surveillance and community-based oral disease prevention programs.

The IOHP provides the infrastructure essential to create, implement, and evaluate oral health initiatives and specific policies. This funding announcement addresses priorities of the IOHP in reducing the burden of oral diseases, providing resources for Idaho to expand the oral health workforce, and identifying locations in Idaho where underserved populations have difficulty accessing oral health services (HRSA-18-014) (CFDA# 93.236).

Target Population

The suggested target population includes vulnerable and disparate populations living in Dental HPSAs. Specifically: childcare centers, Early Head Start and Head Start programs, elementary schools, pregnant women, insured and uninsured adults and elderly, and individuals who are disabled or those with special needs.

Duration

Funding will begin in November 2020 and will end on August 31, 2021. It is anticipated that successful projects will be extended and receive a second year of funding (September 1, 2021 – August 31, 2022), depending on available funds, sufficient year one progress, and the submission and approval of a year two budget and workplan.

Project Strategies

Subgrantees must address at least one of the strategies (A and/or B) listed below during the subgrant period.

- A. Increase the number of underserved individuals with access to oral healthcare services by developing projects in Dental HPSAs employing the use of teledentistry.
- B. Decrease the burden of oral disease in Dental HPSAs by increasing the use of minimally invasive dentistry techniques, including SDF.

Subgrantees must complete all items listed below during the subgrant period.

- Identify a location within a Dental HPSA for a teledentistry and/or SDF project(s) and a target population.
- Develop a work plan outlining the project to be developed, the steps to be taken, and submit it to the IOHP for approval (please see the Table on page 7).
- With assistance from the IOHP, develop any necessary and appropriate materials (patient handouts, marketing materials, permission forms, protocols, written orders, etc.) to accomplish the strategy successfully.
- Purchase any needed equipment for the project with prior approval from the IOHP.
- Develop or utilize an existing equipment inventory system (with approval from the IOHP) for any equipment purchased with subgrant funding. All equipment purchased with subgrant funding must be monitored on a yearly basis. The IOHP will provide assistance with this process.
- Maintain a relationship with a supervising dentist and deliver oral healthcare services within all laws pertaining to the practice of dentistry within the State of Idaho.
- Maintain a record of treatment provided and follow all patient health information regulations according to the Health and Insurance Portability and Accountability Act.
- Seek reimbursement from third-party payers and Medicaid for all dental services provided.
- Develop a sustainability plan to identify ways to continue the project once funding is no longer available.

Expectations and Reporting Requirements

1. *Trainings:* All subgrantees will be required to attend an in-person or virtual training by national experts on teledentistry and/or SDF. The IOHP will work with subgrantees to determine which staff should attend the training as well as the best dates and locations for the trainings.
2. *Non-Federal Match and Project Income:* All subgrantees must provide at least 50% non-federal match (either in-kind or hard dollars) to the grant. Match may be in the form of salaries, fringe, indirect costs, dental procedures, equipment or supplies, mobile clinic or program space, and project income from third-party payers or other funding from additional organizations directed towards the subgrant. To be considered match, costs must be expended in the delivery of the subgrant not reimbursed by the IOHP. The IOHP will provide a Match Documentation Form to all subgrantees and it will be submitted quarterly. All subgrantees must report any project income (third party payer or Medicaid reimbursement for services provided within the scope of the subgrant) to the IOHP quarterly, and it must serve as match. Any project income received must then be used towards subgrant activities and may not be used for any other costs or activities. Documentation must be provided that demonstrates project income being spent towards costs associated with the subgrant.
3. *Work Plan:* All subgrantees will develop a work plan outlining how they plan to meet the project strategies. Key partners or executive leadership should participate in the development of the work plan to address organizational barriers and ensure support of the final developed work plan. Develop any necessary and appropriate material (written proposals, action plan, protocols, etc.) to accomplish the strategy successfully. Technical assistance by the IOHP and national experts will be provided as needed to the subgrantees. The draft work plan must be submitted by November 13, 2020. The final work plan will be due by November 20, 2020.
4. *Quarterly Reporting:* All subgrantees will report progress on project activities quarterly using a standardized monitoring report provided by the IOHP. Reports will include a description of the facilitators and barriers associated with implementing activities as planned. Monitoring reports will inform technical assistance offered by the IOHP.
5. *Rapid Cycle Quality Improvement and Plan Do Study Act (PDSA) Cycles:* The IOHP anticipates that modifications will need to be made on an ongoing basis as lessons are learned/challenges experienced during the implementation of new and innovative interventions. Subgrantees will design and conduct PDSA cycles specific to their project. The IOHP will provide a template for subgrantees to utilize and will provide ongoing technical assistance in this area.
6. *Dental Reporting System:* Beginning in Year 1 of the subgrant, all subgrantees will report deidentified patient data, clinical implementation measures, and progress on subgrant activities quarterly. Data collected may include patient demographic information, type of insurance, number of patient encounters, number and type of

settings visited, number and type of services provided, number of referrals to a dentist, etc.

7. *Evaluation:* All subgrantees will be expected to participate in evaluation activities to assess progress on project strategies and outcomes. These activities may include submitting data in quarterly reports, participating in annual in-person/virtual site visits, completing training evaluations, and disseminating patient/parent/caregiver or leadership surveys developed by the IOHP.
8. *Equipment Inventory Tracking System:* All subgrantees who utilize subgrant funding for the purchase of equipment must develop or utilize an existing equipment inventory tracking system with assistance from the IOHP. Equipment tracking and monitoring applies to all purchases with an acquisition cost of \$2,000.00 or more. Equipment status must be reported to the IOHP quarterly.
9. *Teledentistry & SDF Project Advisory Committee:* All subgrantees must select a representative to participate on a Teledentistry & SDF Project Advisory Committee. Representatives may choose to participate in the committee either in-person or via conference call. Funding for travel will be provided in the subgrant.

Invoicing

Subgrantees will be required to invoice monthly. Subgrantees will also be required to submit Fiscal Operating Detail Reports and Personnel Detail Reports along with the monthly invoice. A monthly invoice template can be provided by the IOHP on an as-needed basis in addition to Fiscal Operating Detail and Personnel Detail Report Templates.

Communication

1. The IOHP will communicate with funded HRSA subgrantees regarding project progress.
2. At least one site visit will be scheduled with each subgrantee. The site visit will occur during the subgrant period to discuss work plan progress, discuss successes and challenges, and identify technical assistance needs.
3. Subgrantees will be required to participate in routine conference calls. The calls will cover subgrant updates and allow subgrantees to share successes and lessons learned.
4. Subgrantees will be required to acknowledge Health Resources and Services Administration (HRSA) funding when referring to the project, on any materials or documents created, and follow other guidelines as indicated in the subgrant.

Timeline and Funding Availability

Activities funded by this process shall commence November 2, 2020, and be completed by August 31, 2021, based upon funding approval.

Funding (*ranging from \$15,000 to \$75,000 depending on the entity's needs*) will be provided for up to three (3) entities to carry out the above-listed priorities. Entities able to apply for the subgrant include Community Health Centers (CHCs)/Federally Qualified Health Centers (FQHCs), dental and medical professionals, public health districts, health systems, dental education programs, and sliding fee or free dental clinics. Funding will be negotiated between

the program and the organization and will be, in part, based on number of applicants and the entity's needs. It is anticipated that successful projects will be extended and receive up to two years of funding, depending on available funds, sufficient year one progress, and the submission and approval of a year two budget and workplan.

Estimated Subgrant Timeline	
Monday, August 31, 2020	Subgrant Solicitation Announced
Wednesday, September 9, 2020, 12:00-1:00 (MT)	Webinar for Q & A
Friday, September 18, 2020	Application deadline
Friday, October 2, 2020	Subgrantees will be notified
Tuesday, October 6-Wednesday, October 7, 2020	Subgrant Negotiations
Monday, November 2, 2020	Estimated Activities Start Date
Monday, November 2, 2020	Kick-off conference call
Friday, November 20, 2020	Finalized workplan deadline
Thursday, July 1, 2021	Year 2 workplan and budget proposal deadline
Tuesday, August 31, 2021	Year 1 funds must be spent, and activities completed

Eligible Applicants

This funding opportunity is available to Community Health Centers (CHCs)/Federally Quality Health Centers (FQHCs), dental and medical professionals, public health districts, health systems, dental education programs, and sliding-fee or free dental clinics.

Funding Guidelines

Funds may be used for:

- Salaries, fringe, and indirect costs to deliver clinical care or assist with data collection, reporting, and planning
- Equipment and supply costs
- Printing costs, Educational materials and supplies for the project
- Meeting costs
- Technical assistance
- Travel

Subgrantees may only use funds for reasonable project purposes such as supplemental materials, costs associated with educational events or meetings, personnel time, etc. The IOHP has the discretion to identify and approve reasonable costs associated for the project's purpose. Subgrantees must perform a substantial role in carrying out the project objectives, not merely serve as a conduit to another party.

The funds MAY NOT be used for:

- Reimbursement of pre-award costs is not allowed.
- Subgrantees may not use funds to supplant state, local, or organizational funding.

This funding opportunity is supported by Grant No. T12HP31862 from the Health Resources and Services Administration through the Bureau of Community and Environmental Health.

- Funds may not be used for lobbying, e.g., to influence legislation or intervene in any political campaign per Section 4002 of Public Law 111-148.
- Funding cannot be used to purchase food or beverages, for vehicles, insurance for vehicles, or to cover the costs of vehicle maintenance, for construction costs, for professional insurance policies, or other items specified by HRSA. If there is a question regarding if funding can be used for a specific item or activity, then subgrantees must work with the IOHP and HRSA to determine if the item is an approved cost before purchasing the item or paying for the activity. Failure to do so may result in the item or activity not being paid for, and the subgrantee will incur the cost.

Application & Scoring

Applications are due by 5:00 pm (MT) on Friday, September 18, 2020. Please email completed applications to Kelli Broyles at Kelli.Broyles@dhw.idaho.gov. Each section of the application has an assigned point value for scoring.

Application Section	Points Possible
1. Current Environment	18
2. Reach	18
3. Potential Barriers and/or Challenges	18
4. Implementation Resources Available	18
5. Roles and Responsibilities	18
6. Budget	10
7. Priority Dental HPSA Counties	Reviewed, not scored
8. Letter of Support	Reviewed, not scored
TOTAL	100

The entity will be required to provide their Data Universal Numbering System (DUNS) number and must affirm their understanding that no entity, as defined at 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its DUNS number. For questions on how to acquire a DUNS number, please contact the IOHP.

Applications will be reviewed by a committee of at least three Bureau of Community and Environmental Health staff members. Applications will be scored based on compliance with the application guidelines and capacity of the organization to achieve the funding goals. Funding determinations will be made after all funding requests are received and reviewed after the September 18, 2020 deadline.

Conference Call for Q & A

There will be a webinar on Wednesday, September 9, 2020, from 12:00 to 1:00 pm (MT) for all eligible applicants to ask questions related to this subgrant solicitation. To participate in the webinar, email Kelli Broyles at Kelli.Broyles@dhw.idaho.gov by Monday, September 7, 2020, by 5:00 pm (MT).

Notification of Funding

All applicants will be notified by email by Friday, October 2, 2020.

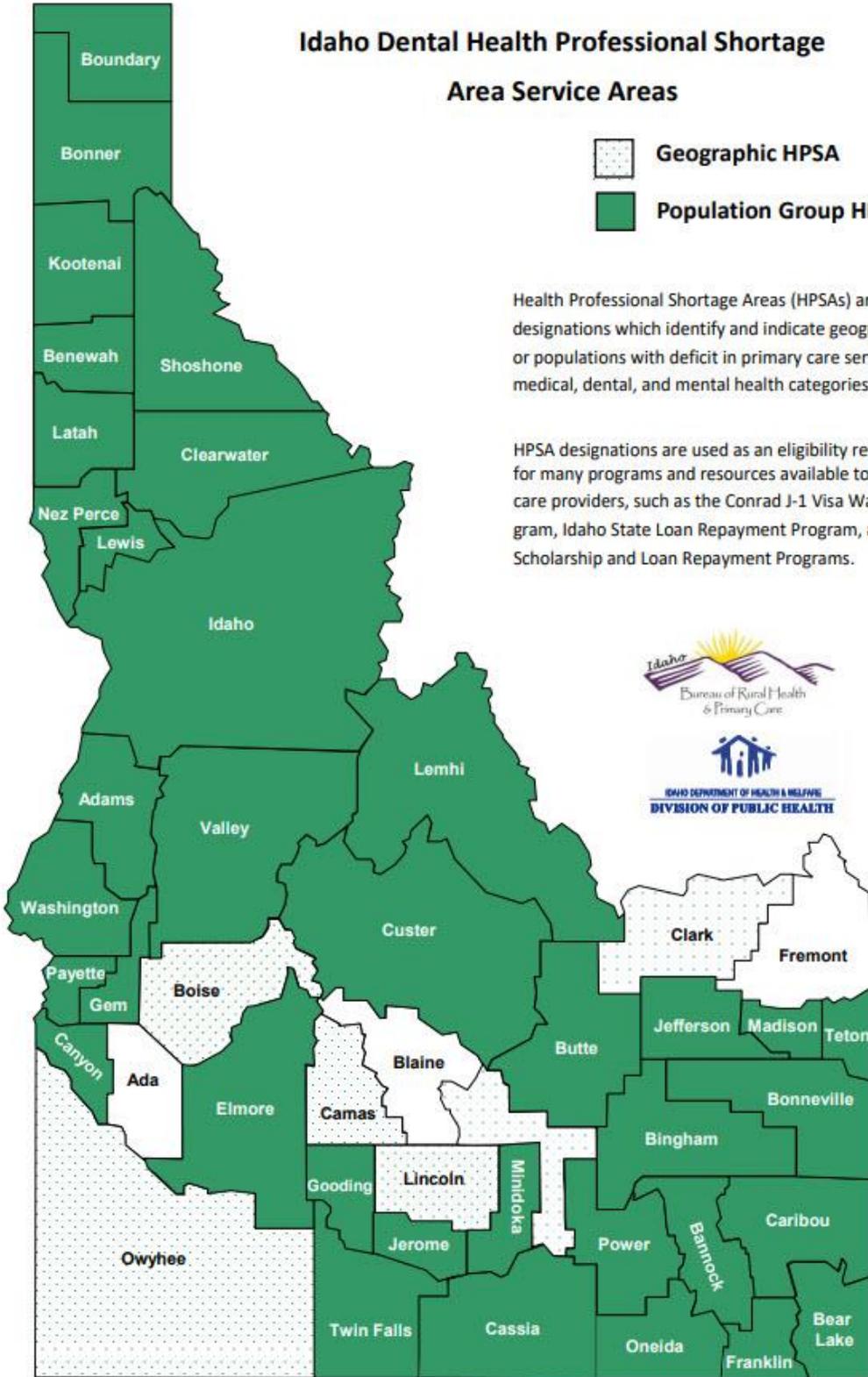
Idaho Dental Health Professional Shortage

Area Service Areas

-  Geographic HPSA
-  Population Group HPSA

Health Professional Shortage Areas (HPSAs) are federal designations which identify and indicate geographic areas or populations with deficit in primary care services within medical, dental, and mental health categories.

HPSA designations are used as an eligibility requirement for many programs and resources available to primary care providers, such as the Conrad J-1 Visa Waiver Program, Idaho State Loan Repayment Program, and NHSC Scholarship and Loan Repayment Programs.



Bureau of Rural Health and Primary Care, Division of Public Health, Department of Health and Welfare, 7/5/19 – please contact (208) 334-5993 for updates

This funding opportunity is supported by Grant No. T12HP31862 from the Health Resources and Services Administration through the Bureau of Community and Environmental Health.